

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088451

1. Corporation Name

TSCM INTERNATIONAL, INC.

Principal Place of Business

489 SHERIDAN AVENUE
SATELLITE BEACH FL 32937

Mailing Address

489 SHERIDAN AVENUE
SATELLITE BEACH FL 32937

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90090 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1996

4. FEI Number

59-3418499

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 134 Windward Way
Suite, Apt. #, etc.

2a. Mailing Address

26 134 Windward Way
Suite, Apt. #, etc.

22 Indian Harbour Beach, FL
City & State

27 Indian Harbour Beach, FL
City & State

23 32937 Brevard
Zip Country

28 32937 Brevard
Zip Country

24
25

29
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9. Name and Address of Current Registered Agent

BREWER, RAYMOND L
489 SHERIDAN AVENUE
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name
Wright, C. Nelson
82 Street Address (P.O. Box Number is Not Acceptable)
134 Windward Way
83 Indian Harbour Beach, FL
84 City
85 Zip Code
FL 32937

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE C. Nelson Wright C. Nelson Wright President/Secretary/Treasurer 4/13/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME BREWER, RAYMOND L
STREET ADDRESS 489 SHERIDAN AVENUE
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE D ☐ DELETE
NAME WRIGHT, C. NELSON
STREET ADDRESS 134 WINDWARD WAY
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE D ☒ DELETE
NAME BREWER, ANNETTE
STREET ADDRESS 489 SHERIDAN AVENUE
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE D ☐ DELETE
NAME WRIGHT, HELEN
STREET ADDRESS 134 WINDWARD WAY
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. Nelson Wright 4/13/99 (407) 777-8755
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)